

FOCUSING & DESIGNING

MODULE

012345

A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

PRACTITIONER'S HANDBOOK

C-Modules: A Learning Package for Social and Behavior Change Communication

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Version 2**

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Overview

This module is part of *C-Modules, a Learning Package on Social and Behavior Change Communication (SBCC)*. This module helps programs to focus the results of initial research/situational analysis to design an appropriate communication approach based on that analysis. It is best for participants to complete the Introduction Module and Module One—either face-to-face or online—before beginning this work. After completing this module, practitioners will be ready to create materials and interventions that strategically respond to the situation through advocacy, social mobilization, and/or behavior change communication.

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Session 2-1: Communication Strategy

A communication strategy is the tool you'll create in Step 2 of C-Planning. It is the bridge between your analysis and the actual creation of materials, products, and activities.

The communication strategy will serve as a guide for the rest of your intervention. It provides you with direction and ensures that the different products, materials, and activities all ultimately work well together and support each other toward a clear vision of change.

For example:

- If your gatekeepers throw a lot of creative ideas at you, you can go back to the strategy outline and ask: *Is this new idea in line with our strategy?*
- If resources get tight, you can go back to your strategy and decide what to let go without sacrificing what is most important for success.
- If other organizations pressure you or if the political environment shifts, you can turn to your strategy to re-clarify what you are trying to accomplish.

The communication strategy shouldn't limit your ability to shift your direction for good reason. But, it will keep you mindful of the approach you are taking toward change.

A full communication strategy includes:

1. A Summary of your Analysis
2. The Communication Strategy itself
3. A draft Implementation Plan
4. A draft Evaluation Plan

Developing a communication strategy is not a linear process. In fact, as you work through each set of questions, you are likely to rethink and refine previous decisions.

So, make all decisions tentative until a complete and congruent picture emerges. You'll know the strategy is done when it all fits together well.

GRAPHIC: The Second Step of a Planning Process for SBCC-Focusing & Designing



SOURCE: Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Manoncourt, Chin, Carnegie, ACADA Model (2000); Parker, Dalrymple, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute: Health Communication Program Cycle (1989).

STEP 2: FOCUSING & DESIGNING

Strategy Outline: Overview

1. Summary of Your Analysis	<ul style="list-style-type: none"> ➤ Problem Statement ➤ Changes the Problem Calls For ➤ Research Gaps and Plans 	Completed in Step One
2. Communication Strategy	<ul style="list-style-type: none"> ➤ Final Audience Segmentation ➤ Barriers (per audience) ➤ Desired Changes (per audience) ➤ Communication Objectives (per audience) ➤ Strategic Approach ➤ Positioning ➤ Key Content ➤ Channels (per audience), Activities, and Materials 	Complete now in Step Two Feeds into Step Three
3. Draft Implementation Plan	<ul style="list-style-type: none"> ➤ List of Materials and Activities, by Communication Objective, with Resources and Timeline 	Feeds into Step Four
4. Draft Evaluation Plan	<ul style="list-style-type: none"> ➤ Plan, including Draft of Indicators, Methods and Tools 	Feeds into Step Five

ETHIOPIA¹ EXAMPLE: Communication Strategy

1. Summary of Your Analysis																	
Problem Statement	<p>A major challenge to Anti Retroviral Therapy (ART) service use among People Living with HIV (PLHIV) and their adherence to AIDS treatment in Ethiopia is: there are too few trained medical staff and trained facilities close to ART clients; drugs are not continuously available; and testing equipment is not serviced on a regular basis. This creates tension between clients and providers, and affects the few appointments they have with each other. As long as ART service availability cannot be guaranteed, it does not make sense to use communication to try to motivate more PLHIV to start AIDS treatment. Also, health care providers involved in treatment do not have the latest ART information because the MOH is not able to provide regular clinical updates. There are very few materials explaining how ART clients can manage HIV like a chronic disease. While the underlying cause of this situation is the inability of government to halt the migration of their health care staff to better paying positions in other countries, other factors play a role: lack of confidentiality and stigma continue to form behavioral barriers to disclosure and ART service use by PLHIV. Things are further complicated by wide spread faith/religious beliefs (e.g., 'holy water' as a cure for HIV). ART also requires use of personal funds (e.g., for transportation to monitoring visits or buying healthy foods to be taken together with the drugs). Many ART clients cannot afford these costs on a regular basis.</p>																
Research Needs	<ul style="list-style-type: none"> • What do providers think about clients who feel empowered to ask questions and who monitor their own ART adherence? • Systematic observations of clients' interactions with regard to providers. 																
Changes the Problem Calls For	<p>Communication should support the following changes:</p> <ol style="list-style-type: none"> a) At the level of people most affected: Continue provider support and client education, with a focus on self management and monitoring of HIV and AIDS as a chronic disease; <u>motivate clients</u> to request quality service provision (demand creation), since pure demand creation would be not be useful in this environment. b) At the level of people directly influencing: motivate and mobilize community, family, and peers to support ART clients in their request for quality service provision. Motivate them to provide more support for PLHIVs in the areas of nutrition, and reduction in stigma and religious barriers to treatment. c) At the level of people indirectly influencing: advocate for service strengthening with policy makers and support higher level clergy in addressing religious barriers to treatment (initial research showed that our university partners are already advocating for this). 																
2. Communication Strategy																	
Final Audience Segmentation	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">Audiences</th> </tr> </thead> <tbody> <tr> <td style="width: 30%; padding: 5px;"><u>Primary Audience</u> People directly affected)</td> <td style="width: 30%; padding: 5px;">Men and women of reproductive age (30–50 years) who are already taking ART in urban and rural areas</td> <td style="width: 40%; padding: 5px;">Men and women of reproductive age (30–50 years) who are eligible for ART in urban and rural areas</td> </tr> <tr> <td style="padding: 5px;"><u>Secondary Audience</u> People directly influencing them)</td> <td style="padding: 5px;">Lower level clergy in urban and rural areas</td> <td style="padding: 5px;">Treatment supporters (PLHIV Associations and family or friends) in urban and rural areas</td> </tr> <tr> <td style="padding: 5px;"><u>Tertiary Audience</u> (People indirectly influencing them)</td> <td colspan="2" style="padding: 5px;">Treatment providers (e.g., physicians, nurses, counselors, pharmacists including pediatric providers) in urban and rural areas</td> </tr> <tr> <td style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">Religious leaders at the national level; Ministry of Health (MOH)</td> </tr> </tbody> </table>		Audiences			<u>Primary Audience</u> People directly affected)	Men and women of reproductive age (30–50 years) who are already taking ART in urban and rural areas	Men and women of reproductive age (30–50 years) who are eligible for ART in urban and rural areas	<u>Secondary Audience</u> People directly influencing them)	Lower level clergy in urban and rural areas	Treatment supporters (PLHIV Associations and family or friends) in urban and rural areas	<u>Tertiary Audience</u> (People indirectly influencing them)	Treatment providers (e.g., physicians, nurses, counselors, pharmacists including pediatric providers) in urban and rural areas			Religious leaders at the national level; Ministry of Health (MOH)	
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¹ This example was adapted from work done contributing to the development of “Beye Kenu Le Hiwot (Everyday for Life) ART Communication Programme” of the Johns Hopkins University Center for Communication Programs - AIDS Resource Center in Ethiopia. For more information visit: <http://www.comminit.com/en/node/328848/2781>

STEP 2: FOCUSING & DESIGNING

Desired Changes, Barriers, Communication Objectives, and Possible Interventions by Audience	Primary Audience	Men and women of reproductive age (30 – 50) years on ART
	<i>Desired Changes</i>	<ul style="list-style-type: none"> • Know how to manage their ARV treatment (i.e., adherence; side effect management; regular doctor visits; and positive living habits, including positive prevention and disclosure to sexual partners, friends, and family) • Feel confident and come prepared to ask providers for the services and information they need • Practice positive living and adherence to their ARV Treatment and other treatment for opportunistic infections, with the understanding it will improve their health
	<i>Key Barriers</i>	Lack of relevant and trusted information, stigma associated with being openly HIV positive, poverty-related hurdles such as food insecurity, <u>service providers</u> who lack the time to provide <u>intense counseling</u> and are not being used to assertive clients, and lack of social support services.
	<i>Communication Objective</i>	By the end of the project there will be an increase in the proportion of men and women of reproductive age on ART who see the benefit of managing their life and their ART actively— who become an ENGAGED (informed, proactive, and assertive) Client
	<i>Communication Channels</i>	<ul style="list-style-type: none"> • Targeted print support materials (positive living, adherence, self-monitoring/ENGAGED Client) distributed in provider settings and through PLHIV network for clients already on ART • Video modeling of ENGAGED Client and Provider interaction for waiting rooms • Hotline answers that encourage ENGAGED Client behaviors • Radio diaries modeling ENGAGED Client • Radio spots demonstrating effective client-provider interactions • Community outreach activities (e.g., road shows)
	Secondary Audience	Treatment supporters (PLHIV Associations and family/friends)
	<i>Desired Changes</i>	<ul style="list-style-type: none"> • Know clients have the right to ask questions and come prepared to provider visits • Encourage association members to actively engage service providers
	<i>Barriers</i>	Did not know that assertive clients get better services; services overloaded and providers not being used to assertive clients (especially women clients)
	<i>Communication Objective</i>	By the end of the project there will be an increase in the proportion of PLHIV group leaders, family, friends, and religious leaders who know that actively encouraging their members to become ENGAGED Clients could result in receipt of better services.
	<i>Communication Channels</i>	<ul style="list-style-type: none"> • Targeted print material (on ENGAGED Client) • ENGAGED Client/ENGAGED Communicator advocacy PowerPoint presentations for leaders and PLHIV networks • Hotline answers encouraging ENGAGED Client behaviors • Betegna radio diaries modeling ENGAGED Client

STEP 2: FOCUSING & DESIGNING

Desired Changes, Barriers, Communication Objectives, and Possible Interventions by Audience	Secondary Audience	ART providers (physicians, nurses, counselors, and pharmacists)
	<i>Desired Changes</i>	<ul style="list-style-type: none"> Know how to counsel their clients with regard to effective drug utilization and adherence, and management of side effects. Value effective client-provider interaction (including IPC/C and confidentiality)
	<i>Barriers</i>	Overstretched, lack of time, not used to assertive clients
	<i>Communication Objective</i>	By the end of the project there will be an increase in the proportion of providers who value client self-management as something that indicates the quality and efficiency of their own work.
	<i>Communication Channels</i>	<ul style="list-style-type: none"> IPC/C training guideline; ENGAGED Provider module and peer supervision Provider Hotline promotion (trained in ENGAGED Clients/ENGAGED Communicator/provider approach) Public acknowledgements for ENGAGED Provider behaviors Job aids (e.g., treatment, OI treatment, adherence, positive living, etc.)
	Tertiary Audience	Religious leaders at national level
	<i>Desired Changes</i>	<ul style="list-style-type: none"> Actively discourage stigma and misconceptions about ART and PLHIVs in their faith and among lower level clergy Know about the benefits of ART for their followers Actively support ART service utilization and food security Use their influence to encourage lower level clergy to encourage their followers to become ENGAGED clients and providers
	<i>Barriers</i>	Religious leaders: Orthodox Christian Church doctrine is interpreted to consider PLHIVs guilty of their status; churches contribute to misconceptions about holy water as a cure; Islamic faith denies that HIV is a problem among their followers; not enough open and strong discouragement of stigma and faith-based misconceptions by the Christian and Islamic leadership.
	<i>Communication Objective</i>	By the end of the project there will be an increase in the proportion of religious leaders who see themselves as agents of change with regard to HIV and AIDS treatment and care.
	<i>Communication Channels</i>	<ul style="list-style-type: none"> Existing TV shows (with panel discussions) TV spots by faith leaders correcting misconceptions Radio spots Revise AIDS ART-related curriculum/guidelines of main faiths

STEP 2: FOCUSING & DESIGNING

2. Communication Strategy (continued)			
Strategic Approach/ Framing	While the main issue is structural, clients need to continue medication; this is why the strategic approach focuses on the provider-client relationship. The ENGAGED Client and provider approach to ART management tries to improve the few encounters that clients have with ART providers due to the overall weakness of available health services. The approach illustrates the steps an ART client and his/her provider can take to establish an honest, working partnership—one with rights and responsibilities. Research-backed observations note a mutual benefit where “assertive and more self-reliant clients get better services.” A mutually reinforcing media mix will attempt to improve client-provider relationships, while treatment supporters and religious leaders at community levels will be mobilized to help clients with self-management. Advocacy strategies with the Orthodox Christian Church will try to address active misconceptions and stigma at a higher level.		
Positioning	The ART Campaign has developed a logo for all ART-related materials for clients, using the slogan: ENGAGED Clients <u>Everyday for Life!</u> Branding guidelines on the use of this logo, its size and position on the material, font types and sizes, as well as use of color on all materials will help to make the series of materials and activities recognizable as a campaign.		
Key Content	<p><u>Primary Audience:</u></p> <ul style="list-style-type: none"> ENGAGED Client: right to ask questions; how to manage ART treatment (i.e., adherence; side effect management; regular doctor visits; and positive living, including nutrition, positive prevention, and disclosure to sexual partners, friends and family); new drug regimens and understanding the differences between them; side effects, including PLHIV role in improving ART adherence; when and where to access ART; debunking misconceptions <p><u>Secondary Audience</u></p> <ul style="list-style-type: none"> Support the ENGAGED Client; decrease stigma and misconceptions (e.g., holy water, fasting, and ART); where to find food support and other positive living support; adherence; community participation in ART roll out Counseling & IPC skills for service providers, including maintaining patient confidentiality; ENGAGED Provider duties and client rights; various content for specific job aids (e.g., fixed dose combinations, etc.) 		
Channels, Activities, and Materials	<p>A combination of targeted print materials, mass media triggers, and interpersonal counseling; using hotline and provider Warmline services to address not only individual issues, but also community norms (see details above)</p> <ul style="list-style-type: none"> Radio reaches the majority of the target audiences in urban and rural area TV reaches mostly urban audiences, providers, and some of the community leadership Print materials find good distribution in health facilities, but need to be adapted to semi-urban/rural reading levels, and regional languages Preferred print formats need to be explored by audience Provider training will be piggy-backed onto existing training 		
3. Draft Implementation Plan			
Develop a plan that provides detail on each of the management considerations named below, as well as others you deem important to guide implementation. Name activities and materials to be created, keeping your budget in mind.			
List of materials and activities	Implementers (including Partners & Allies)	Resources	Timeline
4. Draft Evaluation Plan			
Regular monitoring of material distribution will be facilitated by university partners and others with the help of monitoring tools at site level. A survey will be conducted twice with a number of representative sites (especially among the so-called “busy” sites that have more client traffic) to record improvements in distribution cycles and effective monitoring. A behavior change impact evaluation is not possible under the current funding structure.			

Session 2-2: Audience Segments, Priorities, and Profiles

The first part of your communication strategy involves naming, segmenting, and prioritizing audiences. You've already named potential audiences in Step 1 using the concentric circles of the Socio-Ecological Model. The following questions about these groups can help you finalize a decision about who should be primary (most affected), secondary (directly influencing), and tertiary audiences (indirectly influencing) for your SBCC effort:

- *What group of people would be most important to reach in order to bring about change?*
- *Which other groups are playing key roles in influencing them?*
- *How do these different groups impact the problem? Addressing which groups will provide the “tipping point” to motivate change?*
- *What are the power relations between the groups with which you are concerned?*

Segmenting means dividing and organizing an audience into smaller groups **who have similar communication-related needs, preferences, and characteristics**. Through segmentation, a program can achieve the most appropriate and effective ways to communicate with various groups. Segmentation helps a program to prioritize limited resources by reaching a defined audience with more intensity and potentially higher impact than it would in trying to reach the whole population.

When segmenting audiences, each segment should be unique from other segments and relatively homogenous. For example, youth can be characterized by **age, gender, rural/urban lifestyle, educational status, in-school/out-of school, etc.** Consider how they are different or unified in terms of certain political or religious values, opinions, attitudes, or activities.

Once audience segments are drafted, programmers prioritize audiences based on **budget availability**. Consider such questions as:

- *How can you best spend your resources? (On people that are hard to convince or on people who are ready for change?)*
- *With whom might you partner to reach the programmatic scope you would like to see? (e.g., can you link to a group that specializes on hard-to-reach groups and share your materials with them?)*

Finally, once audience segments are established, it is helpful to develop **audience profiles** for each one. This helps to personalize audience members and makes it easier to put yourself in their shoes as you develop your strategy.

SOUTH AFRICA EXAMPLE: Audience Segmentation Table²

Potential Audiences		Demographic Issues	Geographic or Structural	Socio-cultural	Psychosocial or Other
Name these using your analysis from Step One		e.g., age, gender, education, income, marital status.	e.g., urban or rural place of residence (or work), risk settings, border settings	e.g., role in society, religion, ethnicity	e.g., knowledge, attitudes, and practices; readiness for change; values and beliefs; lifestyle
The people most affected by the problem	People Living with HIV and AIDS in need of treatment	Male, 25–45 years old, married or single Female, 25–45 years old, married or single	Mostly urban	Lower and middle class, South African, at the time a majority of white men	Unaware of treatment options
The people who directly influence them, either positively or negatively	Family members	Spouses and partners Parents	Mostly urban	Lower and middle class, South African	Unaware of treatment options
	AIDS care physicians	Male Female	Urban	Upper middle class, South African (many of British or Western origin)	Aware of treatment options in other countries and ready to advocate for change
The people who indirectly influence the first group by shaping social norms, influencing policy, or offering financial and logistical support	South African Government Officials	Male 35–35 years old Female 35–45 years old	Urban	MOH high ranking officials and health advisors to the president, South African, emphasizing traditional understanding of disease	Aware of treatment options in other countries
	Pharmaceutical representatives	Male Female	Urban	High level officials involved in pricing discussions with governments, U.S. and European, strongly believing in Western medical model	Aware of pricing discussions and their consequences for treatment access in the developing world

² *Communicating public health information effectively: a guide for practitioners.* APHA. 2002.

CHECKLIST: Audience Segmentation

Consider each potential audience one-at-a-time:

- The people most directly affected by the problem.
- The people who directly influence them, either positively or negatively.
- The people who indirectly influence logistical support influence the first group by shaping social norms, influencing policy, or offer financial aid.

For each, check to see if you have considered the important differences within the group in terms of the following four sets of criteria:

- Demographic issues** e.g., age, gender, education, income, marital status.
- Geographic or structural** e.g., urban or rural place of residence (or work), risk settings, border settings
- Socio-cultural** e.g., role in society religion, ethnicity
- Psychosocial or other** e.g., knowledge, attitudes and practices, readiness for change, values and beliefs, lifestyle

CHECKLIST: Audience Prioritization³

Once you've expanded the possibilities for audience segments, you will most likely need to narrow down the possibilities and prioritize segments on which to focus at this phase of the SBCC effort. Here is a sample of questions that might help you to prioritize and arrive at a final audience segmentation.

Potential audience segment:	
How many people are estimated to be in this group?	
Does this group require specially prepared communication approaches or materials?	
How important is addressing this group to achieve the program goal?	
How likely will they change within the time frame of the program?	
Does the program have the resources to address this group?	

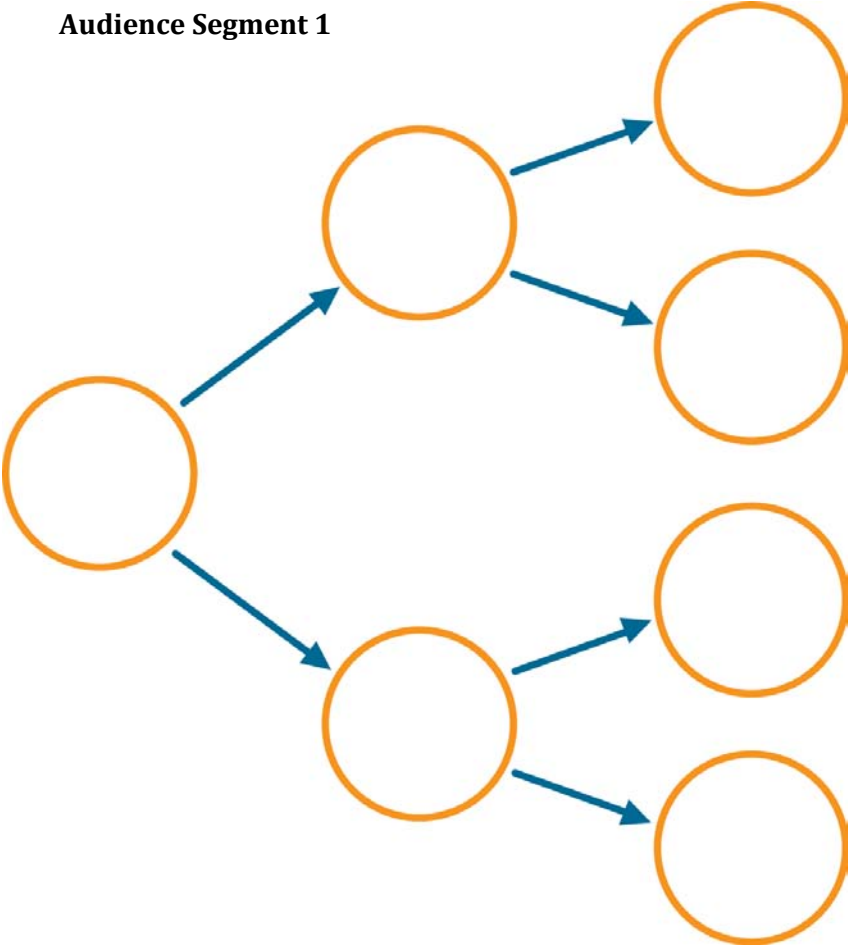
Consider reaching certain audiences in phase one and others in a second phase to have more impact and to be able to mobilize resources.

³ Gael O'Sullivan. et al., *A field guide to designing a health communication strategy* (Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs, 2003), p. 64-65.

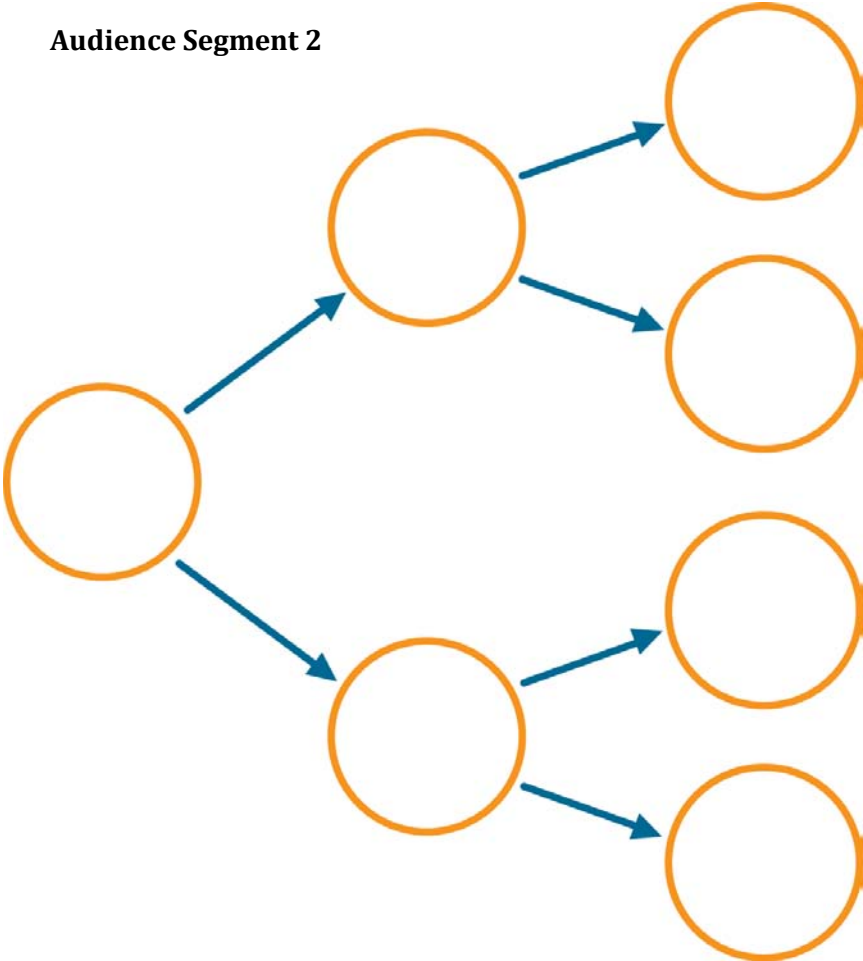
WORKSHEET: Audience Segmentation Map

Directions: It may be helpful to identify audience segments by mapping out the possibilities with a map like this one. Start with one possible audience in far left circle and then break it down by considering each of the four sets of criteria named earlier: demographic, geographic/structural, socio-cultural, and psycho-social/ other.

Audience Segment 1



Audience Segment 2



EXAMPLE: Audience Profile⁴

Model of an Audience Profile

How to use this tool: To help the creative team to develop effective messages and materials, the program team should tell a story about typical audience members. To do this, they create a profile that embodies the characteristics of the audience. The program and creative teams can imagine the audience as a specific person rather than as a collection of statistics.

The BCC program can collect information about the audience from existing data such as Ministry of Health statistics or health and population surveys. The program's formative research can provide detail. Characteristics to consider include age, sex, marital status, place of residence, occupation, income level, years of schooling, religion, ethnicity, number of children, family structure, health beliefs, and degree of readiness to change behavior. Then, in the story the program team should describe the person's important behaviors and some key attitudes about the health behavior that the program needs to address. The following example, created in a workshop to develop a national population communication strategy for Ghana, shows what an audience profile might look like.

“A Man in Ghana”

Meet Kwame. He is a farmer living in the Central Region and is 42 years old. He has two wives and five children ranging in age from 8 to 20. He lives a traditional Ghanaian rural lifestyle. He spends his early morning tending his field and spends the late afternoon with his friends in the chop bar. Although he considers himself to be a family man, he occasionally has extramarital affairs. He cares about his children's well-being and would like them to live a better life than he does. He cares about his two wives because they raise his children.



However, he is not at ease communicating with them about intimate matters, such as reproductive health. He assumes that they know what to do. He is also more comfortable having his wives talk to their children about these matters than talking to them himself.

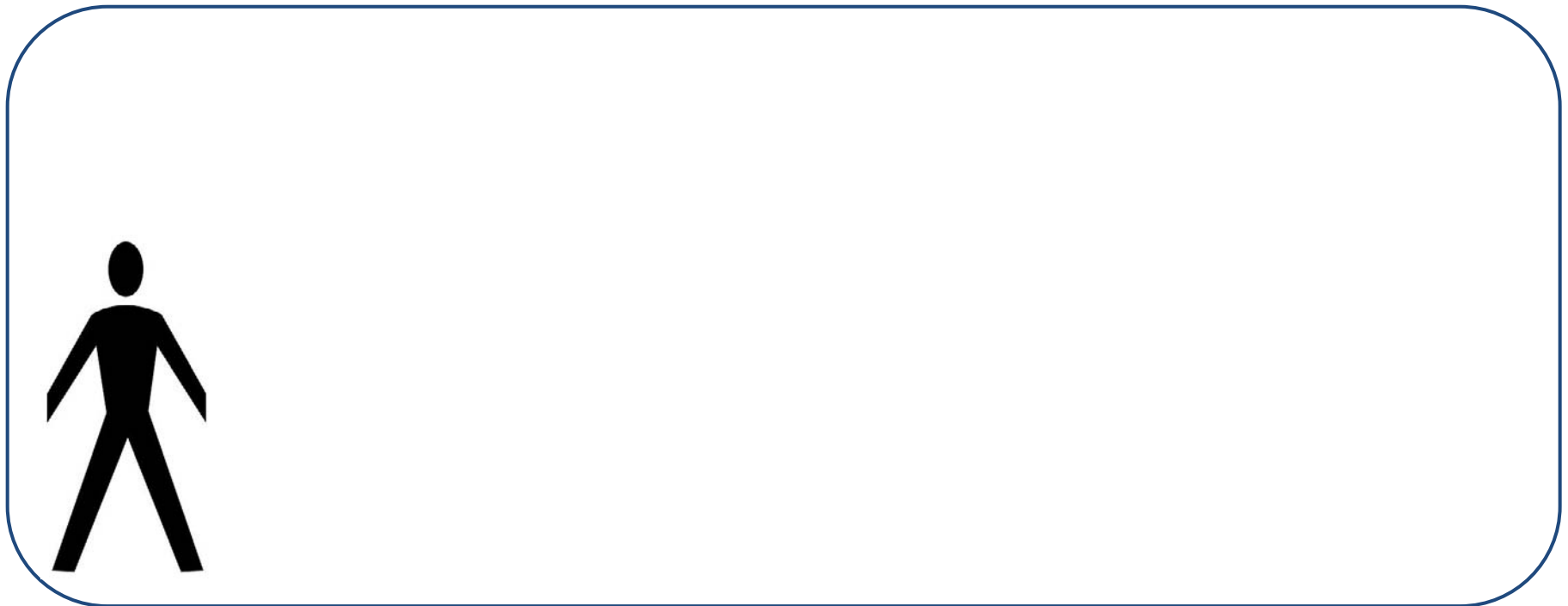
Sources: O'Sullivan et al. 2003 (14), Yonkler 1998 (26), and Younger et al. 2001 (27)

⁴ Salem, Ruwaida, Jenny Bernstein, and Tara Sullivan. 2008. *Tools for behavior change communication*. INFO Reports 16: 1-8. This publication is a companion piece to “Communication for Better Health. Series J, No. 56.”

WORKSHEET: Audience Profile

Directions: An audience profile is a way to obtain a personal sense of the people you intend to reach through your SBCC efforts. Focus first on your primary audience and think about all the things you know about them. Then, *draw a body outline* of a typical member of this audience and write a brief description of a single person as a composite of the group.

For example, you might describe his or her gender, age, occupation, literacy level, number of children, where s/he gets her information, how s/he reacts to situations and information, the things s/he cares about, or what s/he enjoys. You might write “a day in the life” of the person as a way to capture what is most important about him/her. Keep your audience profile real and include as much detail as possible. **Try to base your descriptions on data—not assumptions—to determine what you write.** You’ll need an audience profile for each audience segment.⁵



⁵ Adapted from O’Sullivan et al. 2003.

Session 2-3: Barriers

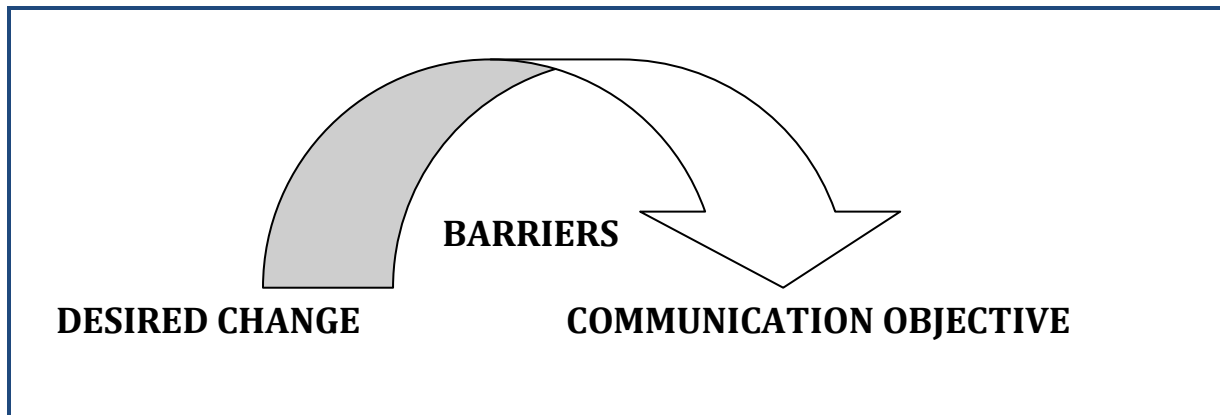
Programs have been trying to induce change in family planning, malaria, HIV and AIDS prevention, and other development issues for the last 20–30 years. **So, why is it, then, that we still deal with similar problems?** To begin with, personal or social change is not an easy thing and tends to take time. Moreover, people’s reasons to ignore, fear, or resist change are serious enough for use to closely examine. For example, if people fear the chemicals on malaria nets more than the disease, with which they have been living for generations, this fear provides strong motivator to not use a net. In addition lack of services, alternatives, and opportunities often limit what people do.

Many theories have been developed about personal and social change to better understand how we human beings function and what sets us in motion. These theories and models are not absolute truths or formulas for success—but they can certainly aid in our thinking.

We suggest using the Socio-Ecological Model for Change as a way to hone in on **barriers**—that people face with regard to changing the problem you’ve identified. **Looking at barriers and addressing them head-on will allow you to create and sharpen communication objectives tailored to your audience’s context and, therefore, be more effective.**

When thinking about barriers, think big. For example, while it may seem that the main barrier keeping a young girl from protecting herself from HIV is lack of knowledge about condoms, the bigger barrier might be her lack of hope for her future, lack of power, fear of conflict in her relationship with her intimate partner, or inability to speak her mind.

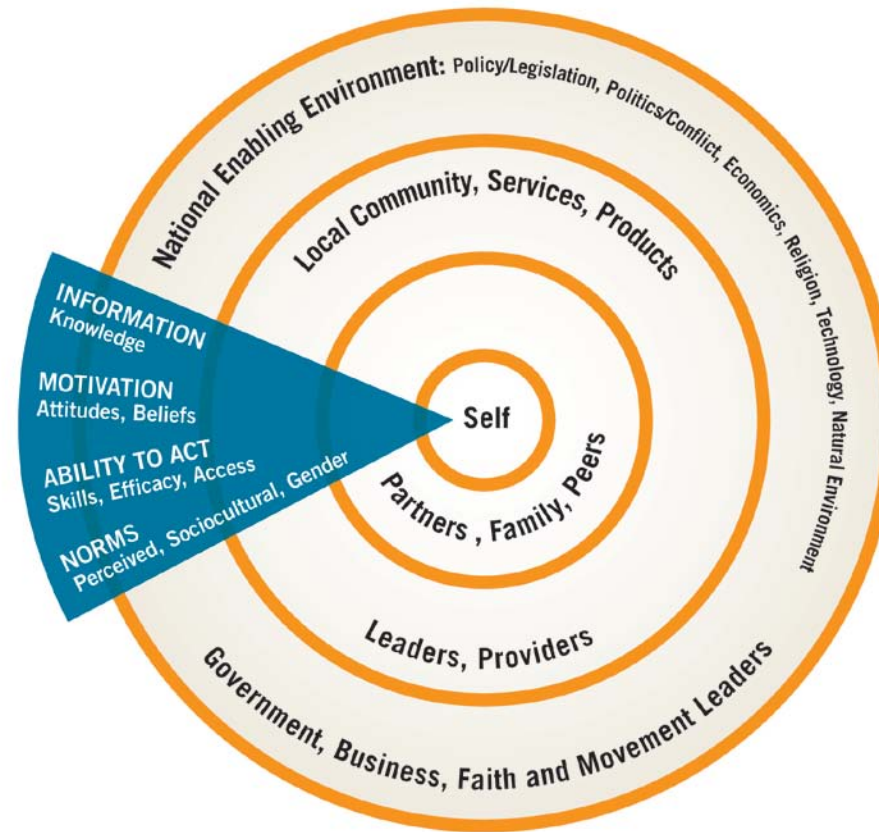
Use data as much as possible to examine real barriers to change!



STEP 2: FOCUSING & DESIGNING

GRAPHIC: A Socio-Ecological Model: A Lens through Which to Understand Change and Barriers to Change

Put yourself in the mindset of each audience segment. Contemplate the various rings influencing them. What is most critical here—motivation, skills, values, norms, policies, or products services? How do you know?



SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

STEP 2: FOCUSING & DESIGNING

EXAMPLE: Matrix for Change

Please refer to the Introduction Module, Session 4 for a background on the Treatment Action Campaign’s work on HIV and AIDS in South Africa and the Introduction Module, Session 1 and 4 for a background on C-Change’s family planning program in Albania.

Audience Segment	Desired Change: Information, Motivation, Ability to Act, Norms, Policy, Services, Community Structure, or Other Change	Barriers: Contextual or Behavioral Reason(s) why the audience is not doing it	Communication Objectives Addressing Key Barriers
EXAMPLE: Older men 40+ in rural South Africa	Use condoms	Male gender norms identify male sexual performance as essential to manliness; fear that condom use will interfere with sexual performance; social norm among their age group is to not use condoms	e.g., By the end of the program there will be an increase in the number of rural males ages 40+ in Mphumalanga (rural area of South Africa) who have learned to feel confident when using condoms
EXAMPLE: Journalists and editors who cover social issues in magazines, newspapers, radio, and TV in urban Albania	Improve the quality and increase the frequency of reporting on family planning (FP) and reproductive health (RH) issues	Lack of educational training, awareness, and incentives for journalists to cover these issues	e.g., By the end of the program there will be an increase in the number of editors of prominent print products in Albania who consider FP and RH a topic worth reporting under various sections (e.g., politics, health, sports and culture) e.g., By the end of the program there will be an increase in the number of journalists of prominent print products who have trained skills to write correctly about FP and RH issues

STEP 2: FOCUSING & DESIGNING

WORKSHEET: Matrix for Change

Directions: Consider two of your audience segments here. Name two desired changes for each, and the barriers that you know are real barriers to those changes. This sets you up to create your communication objectives in the next session.

Audience Segment	Desired Change: Information, Motivation, Ability to Act, Norms, Policy, Services, Community Structure, or Other Change	Barriers Contextual or Behavioral Reason(s) why the audience is not doing it	Communication Objectives Addressing Key Barriers*

** For communication to have impact, communication objectives need to address key barriers for change and not just be a reflection of a desired behavior.*

Session 2-4: Communication Objectives

You've already begun to develop strong communication objectives by answering these three critical questions:

- *What is it that you want your audiences to change?*
- *Why isn't this already happening (i.e., what are the barriers)?*
- *Which of these barriers will you address with communication?*

These become your final communication objectives.

Communication objectives name ways to **address barriers to achieve desired change** in policies, social norms, or behaviors. They are **audience-specific**. They:

- support program objectives and contribute to them, and
- are more specific than desired behaviors (which often only mirror what we want people to do, instead of addressing what barriers they may face getting there)

Examples of strong communication objectives are:

- By the end of the program there will be an increase in the number of rural males age 40+ in Mphumalanga who have learned to feel confident when using condoms.
- By the end of the program there will be an increase in the number of editors of prominent print products in Albania who consider FP and RH a topic worth reporting under various sections (e.g., politics, health, sports and culture).
- By the end of the program there will be an increase in the number of journalists of prominent print products who have trained skills to write correctly about FP and RH issues.

TIPS: SMART Communication Objectives

Communication objectives clarify:

- *Which specific policies, services, social norms, and/or behaviors (knowledge, attitudes, skills, or practices) will you address per audience?*
- *What exactly do you want your intended audiences to know, feel, or do in response to exposure to your activities and materials?*

Your communication objectives will be used in many ways from here on out in the SBCC process. For example, they are used to select indicators to monitor your progress and to evaluate outcomes. Aim for SMART communication objectives by checking each one against these criteria:

- | | |
|-----------------------|--|
| (S) Specific | <i>Does the objective specify what it aims to achieve? Does it cover only one rather than multiple activities?</i> |
| (M) Measurable | <i>Can it be measured or counted in some way?</i> |
| (A) Attainable | <i>Is the objective actually doable? Can we attain it?</i> |
| (R) Realistic | <i>Can you realistically achieve the objectives with the resources you have?</i> |
| (T) Time-bound | <i>Does the objective indicate when it will be achieved?</i> |

STEP 2: FOCUSING & DESIGNING

Examples of Communication Objectives within the Crosscutting Factors of the Socio-Ecological Model for Change

Information:

By the end of the program there will be an increase in the number of political advisors to the South African president who know that PMTCT has shown success in other countries.

Motivation

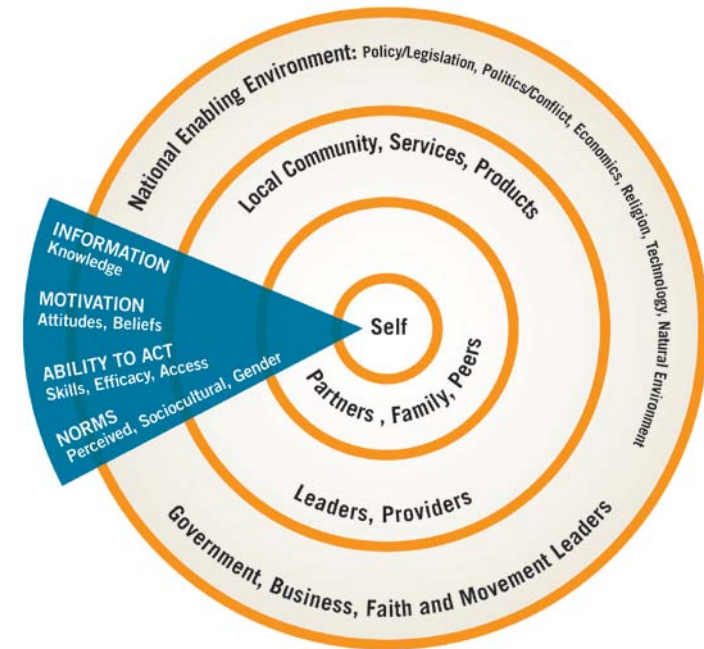
By the end of the program there will be an increase in the number of AIDS treatment providers who see the benefit of signing petitions and taking part in protest activities to mobilize treatment for PLHIV in South Africa.

Ability to Act

By the end of the program there will be an increase in the number of AIDS treatment providers who are skilled in effective advocacy methods.

Norms:

By the end of the program there will be an increase in the number AIDS treatment providers that understand their role to be advocates for their patients.



SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Action verbs that can help break down desired changes into doable and realistic communication objectives are: know, have a positive attitude towards, consider discussing, talk about, see benefit in, try out, practice, learn skills to, etc.

The advantage is that these communication objectives are more realistic to reach and more clearly demonstrate results. The idea is based on research showing that certain behaviors, such as revising attitudes towards something or starting dialogues about difficult issues, can be predictors for action (e.g., intention to act) in Family Planning, but less so in HIV prevention.⁶

⁶ Phyllis Piotrows et al., *Health communication: Lessons from family planning and reproductive health* (Westport: Praeger, 1997).

WORKSHEET: SMART Communication Objectives

Directions: When developing your SMART communication objectives, think about your audience segments and the barriers they face to achieve the desired behavior. Use this worksheet to start formulating your communication objectives by audience segment.

Audience Segments		Communication Objectives, per audience segment
	<p>When developing your Communication Objectives, keep in mind the:</p> <p>*Desired Change Attitude, Values, Behavior, Social Norm, Policy, Service, Product, or Other Change</p>	
	<p>and,</p> <p>*Barriers, Contextual or Behavioral Reason(s) why the audience is not doing it</p>	

Session 2-5: Strategic Approach and Positioning

Strategic Approach refers to the way you decide to **package or frame** what you are doing into a single program or campaign or a platform holding together your different channels and activities. The strategic approach is one of the most important elements in a communication strategy as it drives program coherence and describes tells you **how the communication objectives will be achieved**. While objectives are specific—they name what needs to be achieved, approaches are descriptive—they also illustrate how the objectives will be achieved. Since there are usually many strategies to choose from to achieve the objectives, you have to decide which combination of strategies you want to use.

In other words, within your bigger picture of what needs to happen, on which part do you focus? How are you framing it?

For example: To meet the objective of increasing by 10% the number of young adults using VCT services in three provinces in Nyanza Province in Kenya over 2 years, a strategic approach can take many directions:

- Focus on the VCT facilities themselves and develop a strategy that emphasizes quality services;
- Concentrate on the audience and develop activities and messages related to explaining the services being offered at these facilities to them; or
- Package this information together under a healthy lifestyle approach, and focus on age and health issues of young adult males as a way to motivate this audience to utilize VCT services.

Positioning (In the context of strategic design) is **presenting an issue, service, or product in such a way that it stands out from others, is appealing, and is persuasive**. Positioning creates a distinctive and attractive image which may be turned into a logo⁷.

A positioning statement describes how a proposed change will be seen in the minds of the audience. It is not a catchy slogan, but rather provides direction for message design. Positioning is the identity you want your program to have and hold over time. It is what holds your strategy together!

⁷ O'Sullivan et al. 2003.

Notice the use of key SBCC strategies in strategic approaches: Advocacy, Social Mobilization, and BCC. There seems to be a relationship between audiences and SBCC strategies:

- Behavior change communication is the strategy most commonly used to address people most affected by the problem
- Social mobilization is a strategy often designed for influencing groups
- Advocacy is often applied with indirect influencers

However, a program might decide to focus BCC efforts on any of the groups affected by or influencing the problem. The planning continuum on this “Three Key Strategies” graphic on the following page indicates that you can begin with whichever strategy or strategies you consider to be the most effective to provide a “tipping point effect” on change at this point in time.

You can review “The Theoretical Base of the Socio-Ecological Model” table in the Appendix of Module 0 for some inspiration on the application of theory and strategies to use.

SBCC: Three Key Strategies

Remember SBCC key strategies are mutually reinforcing:

- **advocacy** to raise resources and political and social leadership commitment for development action and goals;
- **social and community mobilization** for wider participation, coalition building, and ownership; and
- **behavior change communication** for changes in knowledge, attitudes, and practices of specific participants/audiences in programs



SOURCE: Adapted from McKee (1992)

ALBANIA EXAMPLE: Strategic Approach⁸

Please refer to the Introduction Module, Session 1 and 4 for background on C-Change's family planning program in Albania.

Our strategic approach is to...

...create a positive environment for young couples to discuss, select, and use of modern contraceptive methods (MCM). We will: 1) work with young men and women directly to address misconceptions about MCMs, 2) improve their experiences when seeking MCMs at pharmacies (feeling more secure and empowered), and 3) increase quality and quantity of positive media coverage of MCMs.

Because...

...our research has shown that there is very low awareness and trust of MCMs among young men and women, and poor use of available MCM services at pharmacies.

ALBANIA EXAMPLE: Positioning

Please refer to the Introduction Module, Session 4 for an overview of C-Change's family planning program in Albania.

Our positioning statement is...

...MCMs are a way to enjoy love-making while living full and long lives.

⁸ Adapted from Piotrow et al. 1997.

WORKSHEET: Strategic Approach

Directions: Your strategic approach is the combination of strategies that you will use to achieve the named communication objectives. It reflects how these strategies will work together to produce the biggest bang for your buck! Use your strategic approach statement to recognize any flaws in your creative thinking, and to briefly explain your approach to others as the program unfolds.

Our strategic approach is to...

Because...

WORKSHEET: Positioning

Positioning creates a memorable cue for the audience to recognize programmatic activities as part of an overall campaign or program. It helps them to understand why they should adopt a certain policy, idea, value, or behavior and why they should advocate it to others. Notice in the Albania example how FP is positioned as a way to enjoy love-making. Positioning provides direction for your logo, slogan, or overall message design; you need to make sure you get it right!

Directions: You can use this short checklist to make sure yours is on track and draft your positioning statement.

A Short Positioning Checklist⁹:

- Does it resonate with both male and female audiences? What age group likes it? Will it still resonate overtime?
- Is it different from the competition?
- Does it represent something better or different than the known alternative?
- Does it provide a benefit that is worth the cost or effort? Can the program deliver the promise/benefit?
- Other:

Our positioning statement is...

⁹ Adapted from Piotrow et al. 1997.

Session 2-6: Channel Mix

The question “what channel to use” is rather outdated in SBCC. The greatest impact will be achieved by combining communication channels strategically with each other. Within each category you can employ multiple activities. Ideally, the different channels send mutually reinforcing messages. For example, you could have community dialogues with women 20 years and older in rural areas as your main intervention, and support that with a radio magazine show that records and broadcasts from those dialogues. You can also do outreach to religious leaders to garner their support for the radio show and dialogues.

It might be helpful to think in terms of three basic channel types: Interpersonal Channels, Community-Based Channels, and Mass and Social Media Channels. The following worksheets offer ideas for materials and activities and describe potential benefits as well as cost and effort estimates for each communication channel.

Here are a few tips to check the tentative decisions you make about channel mix.¹⁰

- There is no one “super-medium” that can do all things.
- A mix of media is usually more effective than a single medium.
- Channel selection is important, but production quality determines success.
- Passive audiences learn little—active audiences are more receptive.
- Media can reinforce and extend face-to-face communication but cannot replace it.

Before you can decide what materials or activities to create, consider carefully:

- *Which communication channels will best reach each intended audience?*
- *Which channel/activity mix is best for your strategic approach?*
- *Do you have the right budget for it?*

As you draft a final list of products, materials, and activities per channel (using the worksheet on the following page), consider also the key content you plan to communicate through each channel.

- *Does the content lend itself to that channel?*
- *Is there another channel that would be better?*

And lastly, *Do you want a mix that reaches many different people quickly, or that steadily conveys a message to build recall over a longer period of time?* This will affect your broadcasting and distribution

¹⁰ Adapted from Neil McKee, Erma Manoncourt, Chin Saik Yoon, and Rachel Carnegie, eds. *Involving people, evolving behaviour*, (NY: UNICEF, 2000).

WORKSHEET: Channel Mix

Think creatively about how to support your strategies through a variety of channels. As suggested by the table below, the possibilities are endless.

It is not important to determine whether a particular material fits neatly into one of these categories; it is the way you plan to use the material that often determines what effect it will have. For example, a flier could be used by a counselor to trigger personalized conversations about HIV prevention OR that same flier could simply plaster the walls at a student orientation. This worksheet and those following will help you to prioritize channels based on their relative advantages, as well as audience preferences and lifestyles.

Channel Types	Examples of Materials, Products, and Activities
Interpersonal Peer education, provider-client communication, counseling, telephone hotlines, etc.	<ul style="list-style-type: none"> • Series of site visits with leaders and politicians • Coalition building meetings • Peer education for HIV treatment adherence
Community-based Community dialogues, rallies, stop-and go-drama, road shows, risk mapping, community radio, etc.	<ul style="list-style-type: none"> • Rallies in front of the parliament • Community dialogues • Radio or road shows featuring a game show addressing couples with FP
Mass and Social Media Radio and TV spots, chat rooms, celebrity testimonies, serial dramas, game shows, newspaper articles, posters, brochures, Internet, Facebook, blogs, YouTube videos, SMS, podcasts, etc.	<ul style="list-style-type: none"> • Email and letter campaign to the Minister of Health • Call for new civil society network partners in the newspaper • Radio soap opera with call in program and brochures • A Facebook page for you the ask and receive answers to their questions on modern contraceptives from OBGYNs anonymously • Blog for urban men and women to discuss social norms on multiple concurrent parnterships
Tips: <ul style="list-style-type: none"> • Use a combination of channels that are linked and mutually support each other. For example, use mass media to highlight effective community dialogue and how it was done. • Build in repetition of your messages throughout various media and create possibilities so that your audience can ask questions or tell you what they think about your activities (feedback loop). • Make sure that people recognize all of your activities as coming from one place; that helps to remember that place better (logo). • Invest wisely for sufficient repetition; make sure that your activities are broadcasted more than once and reach your audiences repeatedly. • Make sure cascading training is longer than three days and that training is not replicated unless that application is built in. • Peer education programs often sound like a quick and cheap way of “using” volunteers. Experience has shown that volunteers need to be continuously motivated and supervised to be effective. • Less is more; that is to say, quality pays off in communication. It is better to do one thing well than to have many different activities that people don’t remember because they were poorly implemented. 	

WORKSHEET: Deciding on the Right Channel Mix

Channel Types	Examples	Potential Benefits	Cost and Effort Estimates
Interpersonal	<ul style="list-style-type: none"> One-to-one communication, such as provider-to-client, peer-to-peer, and partner-to-partner exchanges Social networks Training and skills-building activities in small groups 	<ul style="list-style-type: none"> Tailored communication Interactive Able to unpack complex information Provides personalized assistance Can build behavioral skills Increase self-efficacy Can increase intentions to act 	Interpersonal communication activities, even though they are not expensive, are not one-off investments but need to be continuously supported by supervision and incentives in order to keep up the quality of the intervention.
Community-Based	<ul style="list-style-type: none"> Bulletin boards Community meetings Parent-teacher meetings Church bulletin boards, posters, drama groups, cultural events Community radio 	<ul style="list-style-type: none"> Can stimulate community dialogue Can motivate collective solutions Provides social support Can increase intentions to act Provides feedback to broader community 	Community-based activities do not have to be expensive, especially if project ownership by the community taps into existing community resources and strengths. However their reach needs to be well planned and possibly linked with mass media in order to implement them at an effective scale.
Mass and Social Media	<ul style="list-style-type: none"> Television, radio, newspapers, billboards, transit advertising, Internet, Facebook, blogs, YouTube videos, SMS, podcasts etc. 	<ul style="list-style-type: none"> Extensive reach Efficient & consistent repetition of message Social Media has potential to mobilize youth effectively 	Mass media is expensive, but compared to the number of people they can reach at once, cost per person reached can be just at a couple of cents. Social media is usually free or available at a minimal cost. However, issues of access to social media must be considered to effectively reach the intended audience.

Factors that influence the choice of communication channels¹¹

- **Complexity of the issue:** While IPC/C is the most appropriate and effective communication for many situations, it is also the most labor and cost intensive one.
- **Sensitivity of the issue:** Highly sensitive issues may not lend themselves to the use of mass media.
- **Literacy:** Low literacy levels rule out print materials with extensive text.
- **Desired reach:** Programs aiming at national or regional coverage often use mass media.
- **Prevailing social norms:** Countries differ greatly in their openness and willingness to address sexual issues. Many countries have constraints at airing condom messages.
- **Media habits and preferences of intended audiences:** Formative research needs to give answers to the question of access and habits in order to tailor programming to preferred listening times, favorites stations, programs, and media ownership.
- **Cost:** Cost of the many available communication channels and their combination vary by type and also by country. It is clearly a determining factor for strategy.

¹¹ From Neill McKee, Jane T. Bertrand and Antje Becker-Benton. *Strategic communication in the HIV/AIDS epidemic*, (CA: Sage Publications, 2004)

EXAMPLE: Channel Selection

Here's an example of a channel selection tool¹² for a workplace audience segment. This tool helps you to select an appropriate channel mix by considering when (timing) and where (location) you could most effectively reach your audience/s. Study the example and create your own tool through the following steps using the worksheet on the next page.

Time of Day	Location	Channel	Final Decisions
Early morning	Commuting to work by bus	Billboards, peer educators at traffic cross points, tapes or CDs played in mini taxis	
Mid-morning	Office tea break	Workplace activities	
Midday	Lunch across the street	Posters, flyers at cafés, peer educators	
Early afternoon	In office	Email, blogs	
Late afternoon	Tea break	Distribution of materials through people who serve coffee/tea in the office.	
Early evening	Commuting home	Billboards, peer educators at traffic cross points, mini taxi tapes	
Dinner	At home	Radio, television, newspaper	
Special events	Church	Job aids for religious leaders	
Seasonal events	Holidays, back to village	Billboards, peer educators at traffic cross points, mini taxi tapes, print	

¹² Source: Sullivan et al. 2003

WORKSHEET: Channel Selection¹³

- Directions:** Step 1: Focus on one of your audience segments at a time.
 Step 2: Map out *their* typical day in the left hand columns.
 Step 3: Decide the best time and/or location to reach *this audience segment*.
 Step 4: Choose one or more channels that best suit *this audience segment's* lifestyle and preferences. Make sure the channels lend themselves to the key content you plan to convey through the channels.

For Audience Segment:

Time of Day	Location	Channel	Final Decisions
Early morning			
Mid-morning			
Midday			
Early afternoon			
Late afternoon			
Early evening			
Dinner			
Special events			
Seasonal events			

¹³ Source: Sullivan et al. 2003

EXAMPLE: “Environment of Change” – An Example of Mutually-Reinforcing Channels

Here’s an imagined, but realistic description of how a certain channel mix might be experienced by an audience member...

A woman hears a local TV health reporter’s feature telling her about a new movement of “prevention of HIV in unborn babies.” She also hears a radio spot on the same topic. A short time later, her neighbor tells her that a young female cousin has called the AIDS Hotline and was thinking about going to get tested for HIV.

The woman encourages her pregnant sister, who has also heard the radio ads, to call the hotline. The sister finally goes to a physician who has been trained in HIV testing. He does the pretest counseling with her and encourages her to get tested, along with her husband. He gives her ideas about how to overcome her husband’s resistance to coming.

The physician has become more sensitive to the issue of couple’s testing because of a recent campaign during VCT day, some recommendations from the National AIDS Program, and a collection of articles on a website geared towards health professionals.

Meanwhile...

The pregnant sister talks with a pregnant friend in the neighborhood about her experience. The friend is also concerned and calls the AIDS hotline herself. The pregnant sister is able to convince her husband with the help of her sister and a family friend to go for couple’s testing. She is ready to adhere to the medical advice because all of the sources around her—personal, professional, and media—are telling her that she should.

Your ideas -

- *What seems like it would work well in this scenario? What could be improved?*
- *How do you see this relate to the three key strategies of SBCC?*

Our ideas -

This program is effective not because of the attractive radio spot or a specific program of physician training, but because the National AIDS Program and its partners have changed the professional and public environment.¹⁴

¹⁴ Adapted from Nation Cancer Institute, *Pink book/Making health communication programs work* (Bethesda: National Institutes of Health, 2008).

WORKSHEET: Scenario to Create an Environment of Change

Directions: A good way to check your work so far is to imagine a scenario set at some point in the future in which your strategic approach, position, and channel mix are reaching an audience member. Describe here what the scenario might look like, sound like, and feel like for that person. Then think about: *What seems like it would work well in this scenario? What could be improved?*

A large, empty rectangular box with a dark blue border, intended for the user to write their scenario response.

WORKSHEET: Draft List of Products, Materials, and Activities

Directions: Once you have your possible communication channels, you can see how you want to prioritize resources in the development of a manageable set of materials and activities.

1. Refer to the worksheet deciding on the Right Channel Mix (page 32) that summarizes examples, benefits, and characteristics of these different channels, as well as timing and location.
2. In the space below, draft the key content you plan to communicate to each audience through each channel.
3. Check that these channels lend themselves to that content.
4. With audiences and resources in mind, draft a complete list of the materials and activities you are planning for each audience, through each channel.

Channel Types	Final Channel Selection (by Audience)	Materials/Activities we plan to use:	Key Content we plan to communicate through each channel:
Interpersonal			
Community-based			
Mass and Social Media			

Session 2-7: Draft Implementation Plan

All of the decisions you have made up to this point now feed into your implementation plan. Such a plan answers each of the following questions all in one place.

- *Who will do the work?* (staffing)
- *What's a realistic timeline?* (time)
- *How much will all this cost?* (budget)
- *What are the expected roles and responsibilities of partners and allies?* (partnering)

See Module Four for more implementation tips and lessons

It is worthwhile to pause here and take the time necessary to address these practical considerations. Otherwise, resources can get wasted moving in directions which, in the end, are not a feasible part of the overall plan.

STEP 2: FOCUSING & DESIGNING

LESOTHO EXAMPLE: Draft Implementation Plan

Note: This draft plan will become a detailed workplan in Module Four. The following is only a sample of the actual C-Change Lesotho implementation plan.

Activities for FY 2008	Q1			Q2			Q3			Q4			Implementers	Resources
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
Objective 1: To develop the MCP Prevention Strategy														
Creative Workshop	x													
Stakeholder Workshops	x							x						
MCP Communication Strategy Y2	x	x												
NAC Tech. Working Group Meetings		x		x		x		x		x		x		
Community Strategy Dev. Meeting		x		x		x		x		x				
MCP Communication Strategy Y3											x	x		
Objective 2: To launch and implement the MCP regional campaign														
Launch national MCP Campaign under Regional ONE LOVE banner					x	x								
Implementation of Regional and Lesotho MCP campaign					x	x	x	x	x	x	x	x		
Objective 3: To develop and implement the MCP mass media campaign														
Burst #1 Media Development	x	x	x	x										
Burst 1 visible														
Distribute MCP Insert					x	x	x	x						
Radio Talk Show on air					x	x	x	x						
Billboards & Radio PSAs					x	x	x	x						
Mainstream Media					x	x	x	x	x					
Burst #2 Media Development						x	x	x						
Burst 2 visible														
Distribute MCP Booklet									x	x				
Radio Talk Show on air									x	x	x	x		
Billboards, Radio & TV spots									x	x	x	x		
MCP Film										x				
Ongoing Monitoring					x		x		x		x			

STEP 2: FOCUSING & DESIGNING

WORKSHEET: Draft Implementation Plan

Directions: Start to think about the who, with what and when you will implement your program. Please note this draft plan will become a detailed workplan in Module Four

	Implementers (including partners)	Resources	Timeline
Objective #1:			
Material or Activity:			
Material or Activity:			
Material or Activity:			
Objective #2:			
Material or Activity:			
Material or Activity:			
Material or Activity:			
Objective #3:			
Material or Activity:			
Material or Activity:			

Session 2-8: Draft Evaluation Plan and Baseline Indicators

Most programmers know that decisions about how to evaluate their program should be made early in the process (as illustrated in the C-Planning graphic). Nonetheless, such decisions often get put off—to another time or to another group of people. This short session allows you to make key decisions now, so that you can effectively monitor and evaluate your program later on.

See Module Five, Session 2 for a full description of: *What is Monitoring and What is Evaluation?* In brief, **evaluation is data collection at discrete points in time to systematically investigate a program's effectiveness.** Evaluation can answer such questions as:

- *What kind of change happened with the people or communities reached by our efforts?*
- *Were these changes meaningful for our program?*
- *How close did we get to our targets?*
- *Were there different outcomes for men vs. women?*

Evaluation is invaluable for programmers; without it we can only guess what worked and what could have worked better.

Evaluation requires the measurement of change over time. The best approach to measuring change is to have a **good solid baseline**—data collected early in the process so that it accurately represents the situation *before* your program takes any action. The same data will be collected overtime for comparison. **See Module Five, Session 5** for an overview of various research designs using baseline data with or without comparison groups.

As outlined in **Module Five, Session 3**, several key decisions need to be made prior to collecting baseline data. The first of these decisions can be made now using the worksheet “Uses and Users of your M&E Data.” All remaining decisions rest on this, including naming your indicators, selecting methods and tools, planning how to analyze the data, and sharing your findings. Guidance for each of these decisions is found in Module 5.

GRAPHIC: Where M&E Fits into SBCC

This graphic shows that in order to set your program up well for M&E, it is wise to draft a plan now and to consider collecting baseline data. The baseline data is used for comparison to your outcome data in Module Five.

By thinking through your approach to monitor and evaluate your SBCC efforts now, you will make sure to allocate sufficient funds to these activities and work them into your timeline and staffing plans.



SOURCE: Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Manoncourt, Chin, Carnegie, ACADA Model (2000); Parker, Dalrymple, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute: Health Communication Program Cycle (1989).

STEP 2: FOCUSING & DESIGNING

WORKSHEET: Users and Uses of M&E Data

Directions: As you start to think about your draft evaluation plan and baseline indicators, first think about *who will use the data* and *how it will be used*. You will come back to this worksheet and your M&E Plan in Module 5, but it is worthwhile to start thinking about it now.



Baseline Evaluation	Monitoring	Mid- and End line Evaluation
If you plan to collect or gather baseline data...	If you plan to monitor your program...	If you plan to evaluate your program....
Who will use the baseline data and how?	Who will use data about program processes and how? Who will use data about program quality and how?	Who will use outcome data and how? What kind of baseline or group comparison will you need in order to satisfy the users of your outcome data?

* Please review Module One: Understanding the Situation for more information on initial research/situation analysis

** PEPFAR funding requires process and quality monitoring

Session 2-9: Refining your Communication Strategy

Throughout Module Two you have drafted the different components of your communication strategy. Now that you have all the pieces, it is time to review and refine your communication strategy. When refining your communication strategy, keep in mind that this is the bridge between your initial research/situation analysis and the creation of the materials, products, and activities. It is important to review and refine the communication strategy in order to ensure that it guides you and your partners as you move forward. **Keep in mind what you have done throughout this Module.**

Additional References

These references provide additional information that will assist your work in SBCC. The entire SBCC curriculum, references cited below, and additional resources are available at <http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules>. For more resources and opportunities to strengthen capacity in SBCC, visit C-Change’s Capacity Strengthening Online Resource Center at http://www.comminit.com/en/cchange_capacity.html.

C-Modules’ graphics can be expanded and shown to participants through PowerPoint or on a large poster board by accessing them online.

Background Reading

Topic	Item
SBCC	Communication for Better Health. Series J, No. 56. This publication discusses how managers of family planning programs can build effective behavior change communication programs.
	A Field Guide to Designing a Health Communication Strategy. This guide shares a set of steps and tools on how BCC efforts can be developed strategically with participation from all stakeholders. Its primary audiences are program managers in developing countries who are responsible for designing and implementing health programs, communication specialists, policymakers, and representatives of funding agencies.
Advocacy and/or Social Mobilization	How to Mobilize Communities for Health and Social Change: A Field Guide. This guide is designed to be used by directors of health program and managers of community-based programs who are considering using communication mobilization at the individual, family, and community level.
	Engaging Communities in Youth Reproductive Health and HIV Projects: A Guide to Participatory Assessments. Provides guidelines for carrying out participatory assessments with young and adult community members, and outlines how these tools and methods can be applied.
	An Introduction to Advocacy Training Guide. Introduces the concept of advocacy and provides a framework for developing an advocacy campaign. It is designed primarily for use in training sessions, but can also be used as a self-teaching device.
Gender	Changing the River’s Flow Series: Zimbabwean Stories of “Best Practice” in Mitigating the HIV Crisis Through a Cultural and Gender Perspective. A collection of best practices from six CBOs in Zimbabwe that implemented innovative strategies and approaches in gender programming through a cultural lens.

Existing Curricula/Training Materials

A Training of Trainer’s Facilitation Guide on Strategic Communication and HIV and AIDS. This guide is designed to assist in facilitating a five-day training on the basics of HIV and AIDS strategic communication, HIV and AIDS stigma and discrimination, research, M&E for HIV and AIDS communication programs, utilization of demographic and health surveys for health programming, applied skills in HIV communication and counseling, and community mobilization for health and development.

Designing for Behavior Change. Provides an updated curriculum to “Applying the BEHAVE Framework.” It is designed as six-day training to build the capacity of NGO staff to plan, implement, monitor, and evaluate effective behavior change strategies.